Now, in response to an inquiry by the Collector of Internal Revenue, the Association has again digested its activities. Once more some concentrated thought has been put into this subject and an up-to-date answer given to the recurring question.

To those members who may have asked or thought of this question, even though not asking it, the digest of C.M.A. activities appearing on page 161 of this issue should be of interest. To other members who may not have had this question cross their minds, a review of C.M.A. activities is still a good project. A few minutes spent on this digest, a little thought given to the subject matter covered, would be a good investment in recommended reading.

# Letters to the Editor . . .

Santa Monica

The Editor
CALIFORNIA MEDICINE

Dear Sir:

In the May issue of CALIFORNIA MEDICINE appears an article entitled "A Therapy of Proved Efficacy in Otomycosis" by Ben L. Bryant of Los Angeles. The remarkable thing about this article is the fact that a series of cases is reported as "otomycosis" without the slightest reference to how that diagnosis was established in any of the cases. Reference is made to a similar condition in which bacteriological examination showed among other things, "numerous unidentified large gram positive bacilli, frequently occurring in chains"; this was not to be confused with "otomycosis." It was further pointed out that the treatment suggested was not successful in combatting infection with *Aspergillus Niger* (the best recognized form of otomycosis). In view of the remarks made regarding these conditions, it appears that some bacteriologic or mycologic studies were made, but the author makes no mention of the results of such studies in the cases which he considered to be otomycosis about which the article is written and for which his treatment is effective.

Dermatologists in general are likely to be confused by the otologist's diagnosis of otomycosis, and this article serves to compound the confusion further. What type of otomycosis other than that due to *Aspergillus Niger* is recognized by otologists, what is the identity of the mycotic invader at fault and how is the diagnosis made? Perhaps it is diagnosed by "therapeutic test" with the "therapy of proved efficacy" suggested in the article to which I refer.

Yours very truly,
A. FLETCHER HALL, M.D.

*This letter was forwarded to Dr. Bryant, whose reply appears in the adjoining column.*

Editor, Los Angeles
CALIFORNIA MEDICINE

Dear Sir:

I have read the letter addressed to you by Dr. A. Fletcher Hall regarding my article, "A Therapy of Proved Efficacy in Otomycosis," which appeared in the May issue of CALIFORNIA MEDICINE.

In reply to Dr. Hall's statement that there was no reference in the article as to how the diagnosis was established, I refer him to the first paragraph of that portion of the paper headed, "Therapy of Otomycosis," and particularly to the last sentence of this paragraph, namely: "The appearance of the canal is so characteristic that, after some experience, it is unnecessary to make routine microscopical examinations, particularly since the fact that the treatment is universally effective obviates the necessity of identification of the various mycotic strains." I abide by this statement. Certainly, at the outset of this study routine microscopic examinations were made and revealed the various mycelial strains found in otomycosis. I certainly disagree with Dr. Hall's statement that infection with *Aspergillus Niger* is the best recognized form of otomycosis, and I feel that this subject is dealt with sufficiently in the paper.

As cases of this type were seen over and over again, it became necessary to make microscopical studies only in those cases which presented some unusual clinical feature, and I feel that this practice is not too different from that followed in general or dermatological work.

I regret exceedingly that my article "serves to compound the confusion further" for Dr. Hall. I can only say that the facts presented and the treatment outlined have served to clarify this problem for many otologists and general practitioners. The series of cases presented has been augmented by several hundred additional cases, the outcome of which has served to support the statements made.

Yours very truly,
BEN L. BRYANT